

APPENDIX D (REQUIRED FORMS)

EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT)

EXHIBIT 2 (PROPOSER'S REFERENCES)

EXHIBIT 3 (PROPOSER'S LIST OF CONTRACTS WITH PUBLIC ENTITIES)

EXHIBIT 4 (PROPOSER'S LIST OF TERMINATED CONTRACTS)

EXHIBIT 5 (CERTIFICATION OF NO CONFLICT OF INTEREST)

**EXHIBIT 6 (FAMILIARITY WITH COUNTY'S LOBBYIST ORDINANCE
CERTIFICATION)**

**EXHIBIT 7 (REQUEST FOR LOCAL SBE PREFERENCE PROGRAM
CONSIDERATION AND CBE FIRM/ORGANIZATION INFORMATION)**

EXHIBIT 8 (PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION)

**EXHIBIT 9 (ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW
PARTICIPANTS)**

**EXHIBIT 10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY
SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)**

EXHIBIT 11 (PRICING SHEET) – *INTENTIONALLY OMITTED*

**EXHIBIT 12 (CERTIFICATION OF INDEPENDENT PRICE DETERMINATION AND
ACKNOWLEDGEMENT OF REQUEST FOR PROPOSAL RESTRICTIONS)**

EXHIBIT 13 (BUDGET SHEET) – *INTENTIONALLY OMITTED*

EXHIBIT 14 (EMPLOYEE BENEFITS SHEET) – *INTENTIONALLY OMITTED*

**EXHIBIT 15 (LIVING WAGE PROGRAM CONTRACTOR NON-RESPONSIBILITY
DEBARMENT ACKNOWLEDGEMENT AND STATEMENT OF COMPLIANCE) –
*INTENTIONALLY OMITTED***

**EXHIBIT 16 (LIVING WAGE PROGRAM LABOR, PAYROLL AND DEBARMENT
HISTORY ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE) –
*INTENTIONALLY OMITTED***

**EXHIBIT 17 (LIVING WAGE PROGRAM LIVING WAGE DECLARATION) –
*INTENTIONALLY OMITTED***

**EXHIBIT 18 (LIVING WAGE PROGRAM APPLICATION FOR EXEMPTION) –
*INTENTIONALLY OMITTED***

**EXHIBIT 19 (LIVING WAGE PROGRAM STAFFING PLAN) – *INTENTIONALLY
OMITTED***

EXHIBIT 20 (CHARITABLE CONTRIBUTIONS CERTIFICATION)

**EXHIBIT 21 (TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM
APPLICATION)**

**EXHIBIT 22 (CERTIFICATION OF COMPLIANCE WITH COUNTY’S DEFAULTED
PROPERTY TAX REDUCTION PROGRAM)**

**EXHIBIT 23 (REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE
PREFERENCE PROGRAM CONSIDERATION)**

**EXHIBIT 24 (PROPOSED PROGRAM SERVICES FOR DISEASE PREVENTION AND
HEALTH PROMOTION PROGRAM SERVICES)**

**EXHIBIT 25 (PROPOSED BUDGET FOR DISEASE PREVENTION AND HEALTH
PROMOTION PROGRAM SERVICES)**

**EXHIBIT 26 (MINIMUM MANDATORY QUALIFICATIONS EVIDENCE-BASED
ANALYSIS FORM)**

EXHIBIT 27 (PROPOSED LIST OF SUBCONTRACTS)

APPENDIX D (REQUIRED FORMS)
EXHIBIT 1 (PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT)

Please complete, date and sign this form. The person signing the form must be authorized to sign on behalf of Proposer and to bind Proposer in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

_____ Legal Name	_____ State of Inc.	_____ Year Inc.
---------------------	------------------------	--------------------

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(ies) of registration:

Name	County of Registration	Year became DBA
_____	_____	_____
_____	_____	_____

4. Please specify the type of organization that appropriately characterizes your firm (i.e., public/government entity, non-profit, for-profit, etc.):

5. Is your firm wholly or majority owned by, or a subsidiary of, another firm? _____
If yes, please provide the following:

Name of parent firm: _____

State of Incorporation or registration of parent firm: _____

6. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
_____	_____

7. Indicate whether your firm is involved in any pending acquisitions/mergers, including the associated company's name. If not applicable, indicate below.

--

8. Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Qualifications stated in Paragraph 3.0 (Minimum Mandatory Qualifications) of the solicitation document and are listed below:
- Proposer shall have the completed and signed Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit), acknowledging and certifying that it has met and will comply with all of the Minimum Mandatory Qualifications listed herein for Disease Prevention and Health Promotion (DPHP) Program Services. Proposer's organization **must** be classified as one of the following: public/government entity, non-profit or for-profit organization.
 - Proposer shall have a minimum of five (5) consecutive years of experience, which shall include experience obtained within the past ten (10) years, providing DPHP Program Services to Clients in Los Angeles County (or providing services which are substantially similar to those stated in Appendix A (Statement of Work), Paragraph 10.0 (Specific Work Requirements)).
 - Proposer shall have an organization-wide cost allocation plan which adheres to the requirements outlined in Appendix P (Cost Allocation and Indirect Cost Requirements).
 - Proposer shall have completed and signed Appendix D (Required Forms), Exhibit 26 (Minimum Mandatory Qualifications Evidence-Based Analysis Form), verifying that the proposed Program submitted in response to this Request For Proposals (RFP) is in accordance with the requirements of the Respective Program Model (RPM). Applicable references (as noted on the form) to substantiate that the proposed Program follows the RPM shall also be included on the form as instructed.
 - Proposer shall demonstrate its ability to provide a minimum of fifteen percent (15%) matching contributions toward the cost of providing Title III D DPHP Program Services.
 - Proposer must be able to provide DPHP Program Services beginning July 1, 2016.
 - Proposer must currently have the following mandatory staff who meet all the requirements listed in Appendix A (Statement of Work) for DPHP Program Services: Project Manager, sufficient number of qualified employees with the appropriate education, training, certification, licensure, and experience established by the RPM that was researched and evaluated in a published Peer-Reviewed Journal.
 - Proposer shall have the completed forms and documentation identified in Subparagraph 7.9.1.11.10 (Section H (Required Forms and Documentation)) of the solicitation document.
9. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this proposal, the proposal may be rejected. The evaluation and determination in this area shall be at County's sole judgment and such judgment shall be final.

Appendix D (Required Forms)

Exhibit 1 (Proposer's Organization Questionnaire/Affidavit)

Proposer's Acknowledgement

Proposer's Name

Primary Address

E-mail

Telephone Number

Internal Revenue Service Employer Identification
Number

California Business
License Number

County WebVen Number

DUNS Number

Proposer's Authorized Representative Certification

On behalf of Proposer identified above, I certify that I am Proposer's authorized representative and I further certify that the information contained in this Appendix D (Required Forms), Exhibit 1 (Proposer's Organization Questionnaire/Affidavit) is true and correct to the best of my knowledge and belief.

Name

Title

Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 2 (PROPOSER'S REFERENCES)

Proposer's Name: _____

List three (3) references where the same or similar scope of Services was provided in order to meet the Minimum Mandatory Qualifications stated in this solicitation.

REFERENCE 1				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

REFERENCE 2				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

REFERENCE 3				
Name of Firm	Address of Firm	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

APPENDIX D (REQUIRED FORMS)
EXHIBIT 3 (PROPOSER'S LIST OF CONTRACTS WITH PUBLIC ENTITIES)

Proposer's Name: _____

List all public entities for which Proposer has provided service(s) within the last five (5) years. Use additional sheets if necessary.

ENTITY 1				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 2				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 3				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 4				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount
ENTITY 5				
Name of Entity	Address of Entity	Contact Person's Name	Telephone No.	E-mail Address
Contract Name and Number	No. of Years	Term of Contract	Type of Service	Dollar Amount

APPENDIX D (REQUIRED FORMS)
EXHIBIT 4 (PROPOSER'S LIST OF TERMINATED CONTRACTS)

Proposer's Name: _____

List all contracts that have been terminated within the past ten (10) years. Use additional sheets if necessary.

1. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
2. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
3. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				
4. Name of Firm	Address of Firm	Contact Person	Telephone # ()	Fax # ()
<hr/>				
Name or Contract No.	Reason for Termination:			
<hr/>				

APPENDIX D (REQUIRED FORMS)
EXHIBIT 5 (CERTIFICATION OF NO CONFLICT OF INTEREST)

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such Contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
 - a. Were employed in positions of substantial responsibility in the area of Service to be performed by the Contract; or
 - b. Participated in any way in developing the Contract or its Service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

PROPOSER'S CERTIFICATION OF NO CONFLICT OF INTEREST

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 6 (FAMILIARITY WITH COUNTY'S LOBBYIST ORDINANCE
CERTIFICATION)

Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) all persons acting on behalf of Proposer's organization have and will comply with this Ordinance during the proposal process; and
- 3) it is not on the County of Los Angeles Executive Office's List of Terminated Registered Lobbyists.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 7 (REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION
AND CBE FIRM/ORGANIZATION INFORMATION)

I. LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM

FIRM NAME: _____

CAGE CODE: _____ **NAICS CODE:** _____

- ☐ As a business registered as 'Small' on the Federal Central Contractor Registration (CCR) data base, I request this proposal/bid be considered for the Local SBE Preference.
- ☐ The NAICS Code shown corresponds to the Services in this solicitation.
- ☐ Attached is my CCR certification page.

II. FIRM/ORGANIZATION INFORMATION

The information requested below is for statistical purposes only. On final analysis and consideration of award, Contractor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM

Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use additional pages, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

IV. LOCAL SBE PREFERENCE

Proposer understands that in no instance shall the Local SBE Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

V. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

REVIEWED BY COUNTY

Name of Reviewer

Approved or Disapproved

Reviewer's Signature

Date

Appendix D (Required Forms)

Exhibit 7 (Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information)

Page 2

APPENDIX D (REQUIRED FORMS)
EXHIBIT 8 (PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION)

GENERAL CERTIFICATION

In accordance with Los Angeles County Code, Section 4.32.010, Proposer certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

CERTIFICATION	YES	NO
1. Proposer has written policy statement prohibiting discrimination in all phases of employment.	()	()
2. Proposer periodically conducts a self-analysis or utilization analysis of its workforce.	()	()
3. Proposer has a system for determining if its employment practices are discriminatory against protected groups.	()	()
4. When problem areas are identified in employment practices, Proposer has a system for taking reasonable corrective action to include establishment of goals and/or timetables.	()	()

Proposer's Name

Internal Revenue Service Employer Identification Number

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 9 (ATTESTATION OF WILLINGNESS TO CONSIDER
GAIN/GROW PARTICIPANTS)

As a threshold requirement for consideration for Contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall report all job openings with job requirements to: GAINGROW@dpss.lacounty.gov.

Proposers who are unable to meet this requirement shall not be considered for Contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with the proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____ YES (subject to verification by County) _____ NO

B. Proposer is willing to provide County of Los Angeles Department of Public Social Services with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

_____ YES _____ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

_____ YES _____ NO _____ N/A (Program not available)

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
**EXHIBIT 10 (COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY
SERVICE PROGRAM CERTIFICATION AND APPLICATION FOR EXCEPTION)**

County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (hereafter "Program"), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, County will determine, in its sole discretion, whether Proposer is excepted from the Program.

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- ☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County of Los Angeles contracts or subcontracts (this exception is not available if the Contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from County of Los Angeles exceed an aggregate sum of \$50,000 in any 12-month period.
- ☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this Contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the Contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

- ❑ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- ❑ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the Contract.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

Appendix D (Required Forms)

Exhibit 10 (County of Los Angeles Contractor Employee Jury Service Program
Certification and Application for Exception)

Page 2

EXHIBIT 11 (INTENTIONALLY OMITTED)

APPENDIX D (REQUIRED FORMS)
EXHIBIT 12 (CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
AND ACKNOWLEDGEMENT OF REQUEST FOR PROPOSAL RESTRICTIONS)

A. By submission of this proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

B. List all names and telephone numbers of persons legally authorized to commit Proposer.

NAME

PHONE NUMBER

NOTE: Persons signing on behalf of Proposer will be required to warrant that they are authorized to bind Proposer if awarded a Contract.

C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this Contract or the proceeds thereof. If not applicable, state "NONE".

D. Proposer acknowledges that it has not participated as a consultant in the development, preparation, or selection process associated with this solicitation. Proposer understands that if it is determined by County that Proposer did participate as a consultant in this solicitation process, County shall reject this proposal.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

EXHIBIT 13 (INTENTIONALLY OMITTED)

EXHIBIT 14 (INTENTIONALLY OMITTED)

EXHIBIT 14 (INTENTIONALLY OMITTED)

EXHIBIT 15 (INTENTIONALLY OMITTED)

EXHIBIT 16 (INTENTIONALLY OMITTED)

EXHIBIT 17 (INTENTIONALLY OMITTED)

EXHIBIT 18 (INTENTIONALLY OMITTED)

EXHIBIT 19 (INTENTIONALLY OMITTED)

APPENDIX D (REQUIRED FORMS)
EXHIBIT 20 (CHARITABLE CONTRIBUTIONS CERTIFICATION)

The Nonprofit Integrity Act (Senate Bill 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

Check the Certification below that is applicable to Proposer's organization:

- ☐ Proposer has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, Proposer will timely comply with them and provide County's Project Director a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

OR

- ☐ Proposer is registered with the California Registry of Charitable Trusts under the CT number listed below and is in compliance with its registration and reporting requirements under California law. Attached is a copy of Proposer's most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, Sections 300-301 and Government Code Sections 12585-12586.

Proposer's Name

California Registry of Charitable Trusts "CT" number (if applicable)

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 21 (TRANSITIONAL JOB OPPORTUNITIES PREFERENCE PROGRAM APPLICATION)

I hereby certify that I meet all of the following requirements for this Preference Program:

- ☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for three (3) years (*attach IRS Determination Letter*);
- ☐ I have included my three (3) most recent annual tax returns with this application;
- ☐ I have been in operation for at least one (1) year providing transitional job and related supportive services to program participants; and
- ☐ I have included a profile of our program with this application addressing the following: a description of its components designed to help the program participants; number of past program participants; and, any other information requested by County.

TRANSITIONAL JOB OPPORTUNITIES PREFERENCE

Proposer understands that in no instance shall the Transitional Job Opportunities Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

REVIEWED BY COUNTY

Name of Reviewer

Approved or Disapproved

Reviewer's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 22 (CERTIFICATION OF COMPLIANCE WITH COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM)

Proposer/Bidder certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **and**

To the best of its knowledge, after a reasonable inquiry, Proposer/Bidder is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **and**

Proposer/Bidder agrees to comply with County's Defaulted Property Tax Reduction Program during the term of any awarded Contract.

- OR -

- ☐ It is exempt from County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
EXHIBIT 22 (CERTIFICATION OF COMPLIANCE WITH COUNTY'S
DEFAULTED PROPERTY TAX REDUCTION PROGRAM)

Proposer/Bidder certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **and**

To the best of its knowledge, after a reasonable inquiry, Proposer/Bidder is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **and**

Proposer/Bidder agrees to comply with County's Defaulted Property Tax Reduction Program during the term of any awarded Contract.

- OR -

- ☐ It is exempt from County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Name

Title of Program Services

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

APPENDIX D (REQUIRED FORMS)
**EXHIBIT 23 (REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE
PREFERENCE PROGRAM CONSIDERATION)**

In evaluating bids/proposals, County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran Owned Small Business (SDVOSB) consistent with Los Angeles County, Code Chapter 2.211.

Information about the State's Disabled Veteran Business Enterprise certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <http://www.pd.dgs.ca.gov/>.

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations (38 CFR 74) and is also available on the Veterans Affairs Website at: <http://www.vetbiz.gov/>.

CERTIFICATION

- ☐ **I AM NOT** a Disabled Veteran Business Enterprise certified by the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs.
- ☐ **I AM** certified as a Disabled Veteran Enterprise with the State of California or a Service Disabled Veteran Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

DISABLED VETERANS BUSINESS ENTERPRISE PREFERENCE

Proposer understands that in no instance shall the Disabled Veteran Business Enterprise Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

REVIEWED BY COUNTY

Name of Reviewer

Approved or Disapproved

Reviewer's Signature

Date



County of Los Angeles Community and Senior Services
Area Agency on Aging
Disease Prevention and Health Promotion Program
Minimum Mandatory Qualifications Evidence-Based Analysis Form

The purpose of this form is to verify that the proposed Program meets the definition of Evidence-Based. This form is also used to capture information on the Respective Program Model (RPM) and to ensure Proposer implements the proposed Program in accordance to the RPM that was researched and evaluated, with results published in a Peer-Reviewed Journal.

1. Evidence-Based Program Name:
2. Proposer's Website:
3. Program Website:
4. Program Area of Need (check all applicable) (Paragraph 1.7 of DPHP Statement of Work (SOW)):

Chronic Disease Self-Management
Fall Prevention
Medication Management

Mental Health
Physical Fitness

5. Program meets the following criteria (check all applicable) (Paragraph 1.4 of DPHP SOW):

Have demonstrated through evaluation to be effective for improving the health and well-being or reducing the disease, disability and/or injury among older adults

Have been proven effective with the older adult population, having used an experimental or quasi-experimental design

Have research/evaluation results published in a Peer-Reviewed Journal*

*Provide a copy of the article relevant to the Proposed Program from the published Peer-Reviewed Journal

Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting

Includes developed dissemination products (program manuals, guides, and/or handouts) that are available to the public

Considered evidence-based by an operating division of the U.S. Department of Health and Human Services (HHS)*

*If Program does NOT meet each of the first five criteria listed above AND is considered evidence-based by an operating division of the HHS, Proposer must provide supporting documentation to illustrate proposed Program is considered evidence-based by an operating division of the HHS. The specific operating division must be identified.

6. Does the Program require a license to operate? Yes* No

*If Yes, proof of license must be submitted (Paragraph 1.5 of DPHP SOW)

**County of Los Angeles Community and Senior Services****Area Agency on Aging****Disease Prevention and Health Promotion Program****Minimum Mandatory Qualifications Evidence-Based Analysis Form**

Responses provided in items seven (7) through 10 must be based on the requirements of the RPM. Proposer must also demonstrate how their proposed Program currently meets or will meet the requirements in order to begin services July 1, 2016. Proposer must reference specific sections of the Peer-Reviewed Journal, where applicable, and cite other references in order to substantiate that the RPM is being followed. Responses must be legible, typed, and fit within the prescribed text box.

7. Provide a description of the Evidence-Based Program (include Program purpose, duration, setting, and target audience) and explain how the Proposer's proposed Program aligns with this description.

8. List Program Outcomes and briefly identify how the Proposer plans to track these Program Outcomes.



County of Los Angeles Community and Senior Services

Area Agency on Aging

Disease Prevention and Health Promotion Program

Minimum Mandatory Qualifications Evidence-Based Analysis Form

9. List the minimum required Program personnel and explain how Proposer meets this requirement.

10. Identify the minimum training requirements of Program personnel and explain how Proposer meets this requirement.

By signing below, Proposer acknowledges all information provided on this form is true and accurate with fidelity to the RPM.

(Print Name and Title)

(Signature)

(Date)

For County Use Only:

Reviewer Name: _____

Reviewer Signature: _____

Date of Review: _____

Comments:

☐ PASS

☐ FAIL

APPENDIX D (REQUIRED FORMS)
EXHIBIT 27 (PROPOSED LIST OF SUBCONTRACTS)

[illegible]